Epi Update for Friday, January 18, 2019
Center for Acute Disease Epidemiology (CADE)
Iowa Department of Public Health (IDPH)

Items for this week's Epi Update include:

- **High RSV activity in Iowa**
- **Reminder: *Neisseria meningitidis* prevention**
- **Three congenital syphilis cases reported in Iowa in 2018**
- **In the news: Clinical trial testing fecal microbiota transplant for recurrent diarrheal disease begins**
- **In the news: Ten threats to global health in 2019**
- **In the news: When a trip to the doctor leads to a chat about antibiotics**
- **Infographic: Protect your child from RSV**
- **Meeting announcements and training opportunities**

High RSV activity in Iowa

The annual respiratory syncytial virus (RSV) season occurs fall through spring in most regions of the U.S. and Iowa has seen a recent increase in RSV activity throughout the state. Over the past four weeks, 872 positive RSV results were reported among 4,702 specimens (18.5 percent) at Iowa laboratories participating in SHL surveillance.

RSV is a common virus that usually causes mild, cold-like symptoms from which most people recover in under two weeks. However, RSV can cause severe illness, especially in premature infants, those under 6 months or over 65 years, and those with chronic respiratory, heart and immune system conditions. Each year in the U.S., an estimated 57,000 children under 5 and 177,000 older adults are hospitalized due to RSV and 14,000 older adults die.

Contact and standard precautions should be used when working with patients confirmed or suspected to be infected with RSV for the duration of their illness. Per standard precaution guidelines, eye, nose and mouth protection for health care providers is recommended when it is likely there will be spray of respiratory secretions from a patient. Patients who are coughing should also be asked to wear a mask.

There is no RSV vaccine, but health care providers can give palivizumab to help protect some babies at high risk for severe disease. Many of the actions to prevent RSV are the same as with influenza and other respiratory infections: hand hygiene, staying home when ill, avoiding contact with sick people, respiratory hygiene and regular cleaning of frequently used surfaces.

For more information about RSV, visit www.cdc.gov/rsv/index.html.

For more information about infection control and RSV, visit www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf.

Reminder: *Neisseria meningitidis* prevention

Illness due to *N. meningitidis* can be a serious, life-threatening situation that requires prompt recognition and intervention. Humans are the only known reservoir for this bacteria, and up to 10 percent of adolescents and adults may be transient carriers. As with many conditions, prevention is an important part of protecting the public's health. Meningococcal conjugate

vaccine (A,C,W,Y) is now required for students entering seventh and 12th grade at public and private schools in Iowa.

When a case of *N. meningitidis* is identified, it is important to quickly identify contacts that might need antimicrobial chemoprophylaxis. Antimicrobial chemoprophylaxis is aimed at persons who are at a higher risk of becoming a secondary case because they were in close contact with a patient who had evidence of invasive disease. In this situation, the bacteria has proven it can cause significant illness and therefore, the goal is to provide protection to contacts within 24 hours of identifying the case. Close contacts that may be at increased risk include household members, child care contacts and anyone who is directly exposed to a patient's oral secretions. Antimicrobial chemoprophylaxis should also be considered for persons who traveled in a plane or vehicle directly next to a patient for more than 8 hours. Recommended choices for chemoprophylaxis include rifampin, ciprofloxacin or ceftriaxone.

Importantly, antimicrobial chemoprophylaxis is NOT recommended for close contacts of a patient who had *N. meningitidis* only in a non-sterile location (e.g., oropharyngeal, endotracheal or conjunctival). This is because some people may carry this organism and reports of secondary cases after close contact to persons with noninvasive infections are rare. Further, asymptomatic nasopharyngeal carriers do not require treatment.

For more information about *N. meningitidis*, visit www.cdc.gov/vaccines/pubs/pinkbook/mening.html.

Three congenital syphilis cases reported in Iowa in 2018

2018 marked a record breaking year for congenital syphilis in Iowa. Three cases met the case definition for congenital syphilis in 2018: two in central Iowa and one in western Iowa. This continues an upward trend over the last several years in Iowa. In 2014 there was one case of congenital syphilis reported, another in 2016 and two in 2017. From 2008 - 2013 there were no cases reported.

Although the majority of syphilis cases among adults occur in men, there has been an upward trend for syphilis in women that has corresponded to the increase in congenital syphilis cases reported in Iowa and across the U.S.

Congenital syphilis occurs when a pregnant woman is infected with syphilis and does not receive adequate treatment, thus passing the infection on to the fetus or newborn. Congenital syphilis can lead to very serious health consequences, including stillbirth or neonatal death. Early diagnosis and treatment of syphilis among pregnant women is key in preventing congenital syphilis. CDC recommends that all pregnant women be tested for syphilis at their first prenatal appointment. It is not uncommon for women to become infected during pregnancy, therefore repeat syphilis testing is often beneficial early in the third trimester (28 weeks) and at delivery.

For more information about congenital syphilis, visit www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm.

In the news: Clinical trial testing fecal microbiota transplant for recurrent diarrheal disease begins
www.niaid.nih.gov/news-events/clinical-trial-testing-fecal-microbiota-transplant-recurrent-diarrheal-disease-begins

In the news: Ten threats to global health in 2019
www.who.int/emergencies/ten-threats-to-global-health-in-2019

In the news: When a trip to the doctor leads to a chat about antibiotics
www.npr.org/sections/health-shots/2019/01/16/685634893/when-a-trip-to-the-doctor-leads-to-a-chat-about-antibiotics

Infographic: Protect your child from RSV

To view in full size, visit www.cdc.gov/rsv/infographic.html.

Meeting announcements and training opportunities
None

Have a healthy and happy week!
Center for Acute Disease Epidemiology
Iowa Department of Public Health
800-362-2736